

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
Fee Determination			
O.I.P.E. Classifier			
Formality Review			
Response Formality Review	ABA	830	01-11-02

INDEX OF CLAIMS

*Rejected
 Allowed
 Canceled
 Restricted
 (Through numeral)

Non-elected
 Interference
 Appeal
 Objected

Claim	Date	Claim	Date	Claim	Date
Final	2/20/02	51		101	
Original		52		102	
		53		103	
		54		104	
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		100		150	

If more than 150 claims or 10 actions
staple additional sheet here